## 12000065179

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Edward Downs
(Contact Person)

PROTERF LLC
(FITT COTUPALLY)

PO BOK 436748
(Address)

S. Miami FL 33243
(City State and Zip Code)

For further information concerning this matter, please call:

Edward Downs at (305) 345-9361 (Area Code & Dayrime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5:06)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Department
of State is:	PROTERF LLC
2. This limited liab	ility company was organized under the laws of: $da$
11200	ument/registration number of this limited liability company is:
4. I. Esteba (Pront N	n Estrada hereby resign as a Manager (Print title)
of this limited lia	bility company and affirm the limited liability company has been notified of my
resignation in w	i <del>rijas</del> .
Signature of Resi	gning Member. Managing Member or Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)
CR2E079 (5:06)	

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